

For Official Use

1. File Number U - 492

01 / 01 / 2004 Through: 12 / 31 / 2004

Name Stephen J Mikich

Name Plumbers & Steamfitters Local 342

Labor Organization File Number 033-320

P.O. Box, Bldg., Room No., if any

P.O. Box, Building and Room Number, if any

Street 935 Detroit Ave

Street 935 Detroit Ave

City ConcordCity Concord

State CA ZIP Code + 4 94518-25

State CA ZIP Code + 4 94518-2501

5. Position in labor organization. BUSINESS AGENT

6. Name and address of Employer (including trade name, if any).

Name \_\_\_\_\_

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

7.a. Nature of Interest, Transaction, or Income.

**7.b. Amount.**

Signed Stephen J. Trickett

On 8-2-05

Date \_\_\_\_\_

925 686-5880

Telephone Number

Name of Person Filing

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name Stephen J MikichTrade Name, if any: Plumbers Steamfitter 342

P.O. Box, Bldg., Room No., if any

Street 935 Detroit AveCity ConcordState CA ZIP Code + 4 94518-2901

9. Business deals with:

☒ a. Labor Organization☐ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

11.a. Nature of such dealing.

NONE

11.b. Approximate dollar value of such dealing.

0

12.a. Nature of interest held or income received.

NONE

12.b. Amount.

0

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.

0

LM-30

"I have made a diligent search of employers, businesses and/or vendors with which the Union is involved. I have made as complete disclosure as I am advised by counsel that I am required to make, and I have made such required disclosures that, after a search of the records, I can now recall."

  
Stephen J. Mikich